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care) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

"(2) HEALTH INSURANCE ISSUER.—The term ~~health insurance issuer~~ means an insurance company, insurance service, or insurance organization (including a health maintenance organization, as defined in paragraph (3)) which is licensed to engage in the business of insurance in a State and which is subject to State law which regulates insurance (within the meaning of section 514(b)(2) of the Employee Retirement Income Security Act of 1974). Such term does not include a group health plan.

"(3) HEALTH MAINTENANCE ORGANIZATION.—The term ~~health maintenance organization~~ means—

- "(A) a Federally qualified health maintenance organization (as defined in section 1301(a)).
- "(B) an organization recognized under State law as a health maintenance organization, or
- "(C) a similar organization regulated under State law for solvency in the same manner and to the same extent as such a health maintenance organization.

"(4) GROUP HEALTH INSURANCE COVERAGE.—The term ~~group health insurance coverage~~ means, in connection with a group health plan, health insurance coverage offered in connection with such plan.

"(5) INDIVIDUAL HEALTH INSURANCE COVERAGE.—The term ~~individual health insurance coverage~~ means health insurance coverage offered to individuals in the individual market, but does not include short-term limited duration insurance.

"(c) EXCEPTED BENEFITS.—For purposes of this title, the term ~~excepted benefits~~ means benefits under one or more (or any combination thereof) of the following:

- "(1) BENEFITS NOT SUBJECT TO REQUIREMENTS.—
- "(A) Coverage only for accident, or disability income insurance, or any combination thereof.
- "(B) Coverage issued as a supplement to liability insurance.
- "(C) Liability insurance, including general liability insurance and automobile liability insurance.
- "(D) Workers' compensation or similar insurance.
- "(E) Automobile medical payment insurance.
- "(F) Credit-only insurance.
- "(G) Coverage for on-site medical clinics.
- "(H) Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

"(2) BENEFITS NOT SUBJECT TO REQUIREMENTS IF OFFERED
SEPARATELY

"(A) Limited scope dental or vision benefits.
"(B) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

"(C) Such other similar, limited benefits as are specified
in regulations

"(3) BENEFITS NOT SUBJECT TO REQUIREMENTS IF
OFFERED

AS INDEPENDENT, NONCOORDINATED BENEFITS

"(A) Coverage only for a specified disease or illness.